

FORM 1 GENERAL		EPA		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER FWA000190-2	
LABEL ITEMS		OPTIONAL FORM 99 (7-90) FAX TRANSMITTAL		# of pages 7		GENERAL INSTRUCTIONS	
III. FACILITY NAME		To Dan Davies		From Sharon Wilson		<p>1. A preprinted label has been provided; affix it to the designated space. Review the information carefully; if any of it is incorrect, cross it out and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the appropriate fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.</p>	
V. FACILITY MAILING ADDRESS		Dept./Agency Leavenworth Nat. Fish Hatchery		Phone # 206-553-0325			
VI. FACILITY LOCATION		Fax # 209-548-3401		Fax # 206-553-0165			
		NSN 7540-01-317-7368		5099-101			

SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	X		
D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY	
1	SKIP Leavenworth National Fish Hatchery

IV. FACILITY CONTACT	
A. NAME & TITLE (last, first, & title) Malsam, Ralph Hatchery Manager	
B. PHONE (area code & no.) 509 548 7641	

V. FACILITY MAILING ADDRESS	
A. STREET OR P.O. BOX Rt. 1 Box 123A	
B. CITY OR TOWN Leavenworth	
C. STATE WA	D. ZIP CODE 98826

VI. FACILITY LOCATION	
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER Rt. 1 Box 123A	
B. COUNTY NAME Chelan	
C. CITY OR TOWN Leavenworth	D. STATE WA
E. ZIP CODE 98826	F. COUNTY CODE (if known)

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND													
C	7	0	9	2	1	(specify)					C	7	(specify)										
13	16	-	19	Fish rearing pond effluent										13	16	-	19						
C. THIRD										D. FOURTH													
C	7	(specify)								C	7	(specify)											
13	16	-	19									13	16	-	19								

VIII. OPERATOR INFORMATION

A. NAME																														B. Is the name listed in Item VIII-A also the owner?									
C	8	U.S. Fish & Wildlife Service Dept. of Interior																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									
13	16																													66									
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																				D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										F (specify)										A 509 548 7641									
E. STREET OR P.O. BOX																																							
P.O. Box 3737																																							
F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
B Portland																				O R					97208					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
																														52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)															
C	9	N	W	A	0	0	0	1	9	0	-	2				C	9	P												
13	16	17	18											13	16	17	18													
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)															
C	9	U													C	9	(specify)													
13	16	17	18											13	16	17	18													
C. RCRA (Hazardous Wastes)															E. OTHER (specify)															
C	9	R													C	9	(specify)													
13	16	17	18											13	16	17	18													

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

Fish rearing - approximately 150,000 lbs. annual production.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
Ralph P. Malsam, Hatchery Manager															* Ralph P. Malsam															11-12-80									

COMMENTS FOR OFFICIAL USE ONLY

C																												
C																												
13	16																											

See the instructions on the reverse.
Please print or type in the unshaded areas only.

EPA I.D. NUMBER (copy from Item 1 of Form 1)

WA - 000 - 190 - 2

Form Approved OMB No. 158-R0174

FORM
2B
NPDES



U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
CONCENTRATED ANIMAL FEEDING OPERATIONS AND AQUATIC ANIMAL PRODUCTION FACILITIES
Consolidated Permits Program

I. GENERAL INFORMATION

A. TYPE OF BUSINESS

- ☐ 1. CONCENTRATED ANIMAL FEEDING OPERATION (complete Items B, C, and Section III)
☒ 2. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY (complete Items B, C, and Section III)

B. LEGAL DESCRIPTION OF FACILITY LOCATION

Section 26, Range 17E, Township 24N

C. FACILITY OPERATION STATUS

- ☒ 1. EXISTING FACILITY
☐ 2. PROPOSED FACILITY

II. CONCENTRATED ANIMAL FEEDING OPERATION CHARACTERISTICS

A. TYPE & NUMBER OF ANIMALS IN OPEN CONFINEMENT & HOUSED UNDER ROOF

1. TYPE

2. NO. IN OPEN CONFINEMENT

3. NO. HOUSED UNDER ROOF

B. NO. OF ACRES FOR CONFINEMENT FEEDING

C. If there is open confinement, has a runoff diversion and control system been constructed?

☐ YES (complete Items 1, 2, & 3 below)

☐ NO (go to Section IV)

1. What is the design basis for the control system?

☐ 1. 10 YEAR, 24-HOUR STORM (specify inches)

INCHES

☐ 2. 25 YEAR, 24-HOUR STORM (specify inches)

INCHES

☐ 3. OTHER (specify inches & type)

INCHES

TYPE

2. Report the number of acres of controlled drainage

ACRES

3. Report the design safety factor.

SAFETY FACTOR

III. CONCENTRATED AQUATIC ANIMAL PRODUCTION FACILITY CHARACTERISTICS

A. For each outfall give the maximum daily flow, maximum 30-day flow, and the long term average flow.

B. Indicate the total number of ponds, raceways, and other structures in your facility.

1. OUTFALL NO.	2. FLOW (Gallons per Day)		
	1. MAXIMUM DAILY	2. MAXIMUM 30 DAY	3. LONG TERM AVERAGE
1	34.64 MGD	1,039 MG	19 MGD

1. PONDS	2. RACEWAYS	3. OTHER
--	90	--
C. Provide the name of the receiving water and the source of water used by your facility.		
1. RECEIVING WATER	2. WATER SOURCE	
Icicle Creek	Icicle Creek & 7 wells	

D. List the species of fish or aquatic animals held and fed at your facility. For each species, give the total weight produced by your facility per year in pounds of harvestable weight, and also give the maximum weight present at any one time.

1. COLD WATER SPECIES

2. WARM WATER SPECIES

a. SPECIES	b. HARVESTABLE WEIGHT (pounds)		3. SPECIES	d. HARVESTABLE WEIGHT (pounds)	
	(1) TOTAL YEARLY	(2) MAXIMUM		(1) TOTAL YEARLY	(2) MAXIMUM
Spring Chinook Salmon	125,000	175,000			
Steelhead Trout	10,000	10,000			

E. Report the total pounds of food fed during the calendar month of maximum feeding.

1. MONTH

August

2. POUNDS OF FOOD
38,000

IV. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry, of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (print or type)

Ralph P. Malsam, Hatchery Manager

B. PHONE NO. (area code & number)

(509) 548-7641

C. SIGNATURE

X Ralph P. Malsam

D. DATE SIGNED

11-12-80

INSTRUCTIONS

General

This form must be completed by all applicants who check "yes" to Item II-B in Form 1. Not all animal feeding operations or fish farms are required to obtain NPDES permits. Exclusions are based on size and occurrence of discharge. See the description of these statutory and regulatory exclusions in the General Instructions which accompany Form 1. In particular, for animal feeding operations, the size cutoffs depend on whether or not pollutants are discharged through a manmade device or by direct contact with the facility or animals. A facility for laying hens or broilers is not required to have a permit unless it has a liquid manure handling system or continuous overflow watering. Also, facilities which discharge only in the case of a 25 year, 24 hour storm event are not required to have a permit.

For aquatic animal production facilities, the size cutoffs are based on whether the species are warm water or cold water, on the production weight per year in harvestable pounds, and on the amount of feeding in pounds of food (for cold water species). Also, facilities which discharge less than 30 days per year, or only during periods of excess runoff (for warm water fish) are not required to have a permit.

Refer to the Form 1 instructions to determine where to file this form.

Item I-A

See the note above and the General Instructions which accompany Form 1 to be sure that your facility is "concentrated."

Item I-B

If your answer to Item VI of Form 1 does not give a complete legal description of your facility's location, use this space to provide a complete description, such as quarter, section, township, and range.

Item I-C

Check "proposed" if your facility is not now in operation, or not now "concentrated" under the definition in the glossary found in the General Instructions which accompany Form 1.

Item II

Supply all information in Item II if you checked (1) in Item I-A.

Item II-A

Give the maximum number of each type of animal in open confinement or housed under roof (either partially or totally) which are held at your facility for a total of 45 days or more in any 12 month period.

Use the following categories for type of animals:

Slaughter Cattle; Feeder Cattle; Mature Dairy Cattle (milked or dry); Swine (each weighing over 55 pounds); Horses; Sheep; Lambs; Turkeys; Laying Hens¹; Broilers¹; Ducks.

¹ A permit is not required unless the facility has a liquid manure handling system or continuous overflow watering.

Item II-B

Give only the area used for the animal confinement or feeding facility. Do not include any area used for growing or operating feed.

Item II-C

Check "yes" if any system for collection of runoff has been constructed. Supply the information under (1), (2), and (3) to the best of your knowledge.

Item III

Supply all information in Item III if you checked (2) in Item I-A.

Item III-A

Outfalls should be numbered to correspond with the map submitted in Item XI of Form 1. Values given for flow should be representative of your normal operation. The maximum daily flow is the maximum measured flow occurring over a calendar day. The maximum 30 day flow is the average of measured daily flows over the calendar month of highest flow. The long term average flow is the average of measured daily flows over a calendar year.

Item III-B

Give the total number of discrete ponds or raceways in your facility. Under "other," give a descriptive name of any structure which is not a pond or a raceway but which results in discharge to waters of the United States.

Item III-C

Use names for the receiving water and source of water which correspond to the map submitted in Item XI of Form 1.

Item III-D

The names of fish species should be proper, common, or scientific names as given in special Publication No. 6 of the American Fisheries Society, "A List of Common and Scientific Names of Fishes from the United States and Canada." The values given for total weight produced by your facility per year and the maximum weight present at any one time should be representative of your normal operation.

Item III-E

The value given for maximum monthly pounds of food should be representative of your normal operation.

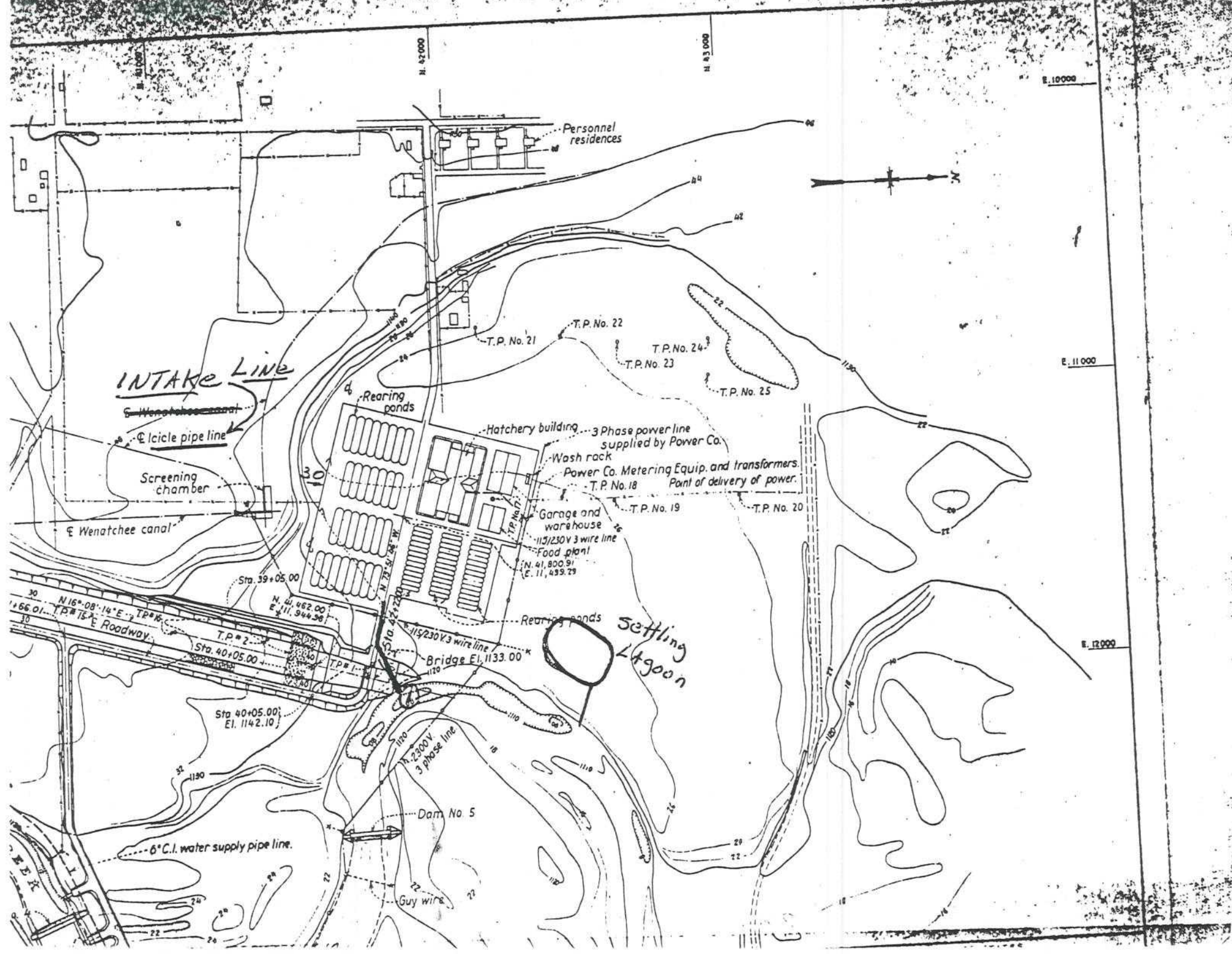
Item IV

The Clean Water Act provides for severe penalties for submitting false information on this application form.

Section 309(c)(2) of the Clean Water Act provides that "Any person who knowingly makes any false statement, representation, or certification in any application, . . . shall upon conviction, be punished by a fine of no more than \$10,000 or by imprisonment for not more than six months, or both."

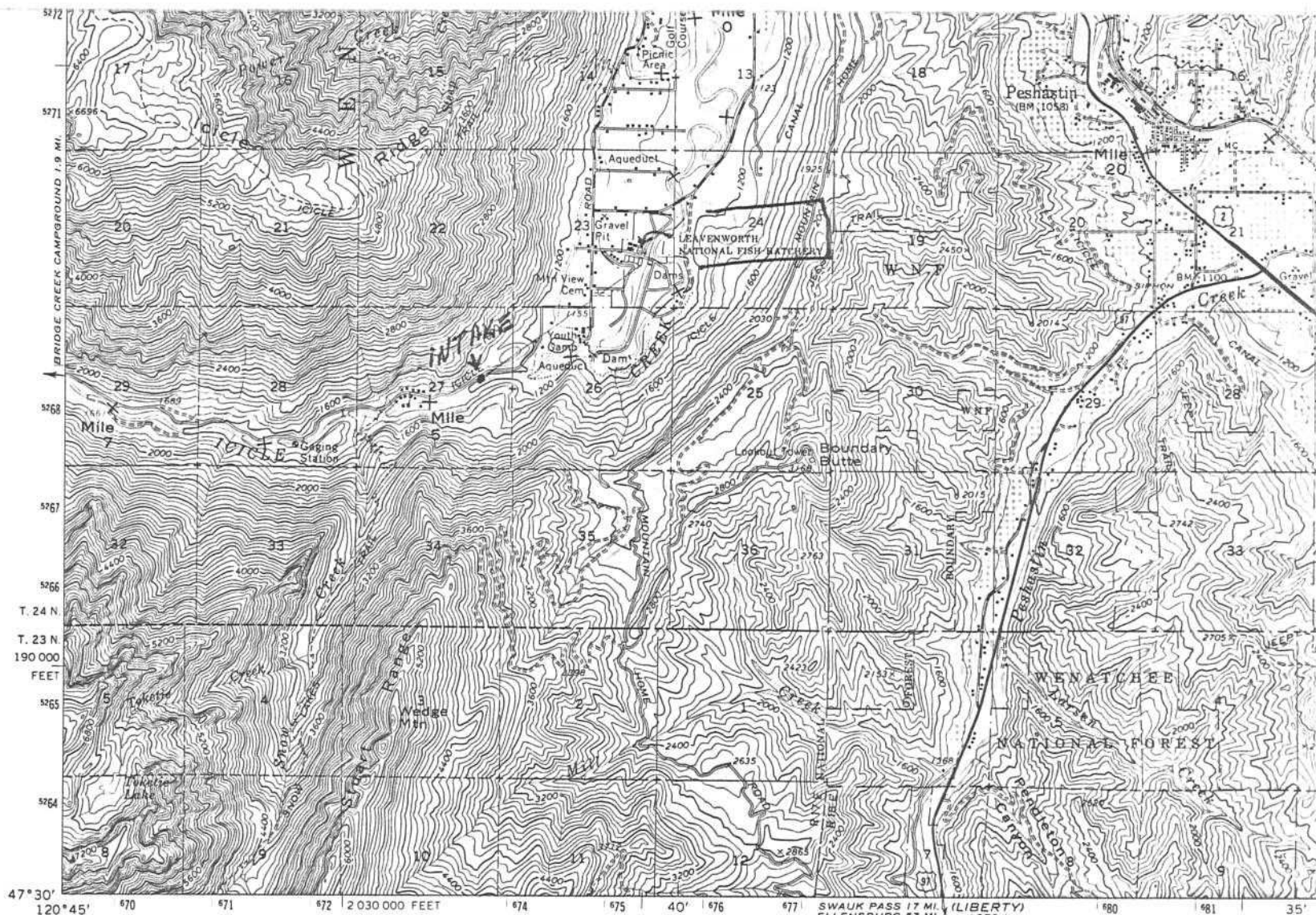
Federal regulations require the certification to be signed as follows:

- A. For corporation, by a principal executive officer of at least the level of vice president;
- B. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- C. For a municipality, State, Federal, or other public facility, by either a principal executive officer or ranking elected official.



Settling Lagoon - receives discharge only during pond cleaning,

No. 1 discharge - carries pond waste water at all times except during pond cleaning.



(MT STUART)
1878 IV

Mapped, edited, and published by the Geological Survey

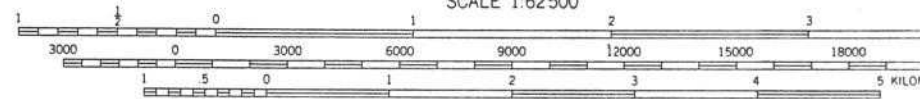
Control by USGS and USC&GS

Topography by photogrammetric methods from aerial
photographs taken 1963. Field checked 1964

Polyconic projection. 1927 North American datum
10,000-foot grid based on Washington coordinate system,
north zone
1000-meter Universal Transverse Mercator grid ticks,
zone 10, shown in blue



UTM GRID AND 1964 MAGNETIC NORTH
DECLINATION AT CENTER OF SHEET



CONTOUR INTERVAL 80 FEET
DOTTED LINES REPRESENT 40-FOOT CONTOURS.
DATUM IS MEAN SEA LEVEL

THIS MAP COMPLIES WITH NATIONAL MAP ACCURACY STANDARDS
FOR SALE BY U. S. GEOLOGICAL SURVEY, DENVER, COLORADO 80225 OR WASHINGTON, D. C.
A FOLDER DESCRIBING TOPOGRAPHIC MAPS AND SYMBOLS IS AVAILABLE ON REQUEST



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T. 24 N.
T. 25 N.
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(CHIAWAUKUM MTS.)
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